

Social Marginalization and Internal Exclusion: Gay Men’s Understandings and Experiences of Community

**Patrick O’Byrne, Alyssa Bryan, Andrew Hendriks,
Cynthia Horvath, Christiane Bouchard, Vera Etches**

A total of 27 gay and bisexual men were interviewed about how they perceived the criminal prosecution of persons living with HIV who do not disclose their HIV status. The stories that emerged from the interviews raise questions about the nature of the gay community. The findings centre on the participants’ descriptions of (1) the heterosexual meta-culture, (2) the locales of gay life, and (3) unsupportive elements in the gay community. Analysis of the interview data situates the gay community as a place of both inclusion and exclusion and as a heterogeneous environment.

Keywords: community health nursing, culture, HIV, public health, sexual and reproductive health

Résumé

**Marginalisation sociale et exclusion
au sein du groupe : perceptions et expériences
des gais à l'égard de leur communauté**

**Patrick O'Byrne, Alyssa Bryan, Andrew Hendriks,
Cynthia Horvath, Christiane Bouchard, Vera Etches**

Des entrevues ont été menées auprès de 27 hommes gais et bisexuels afin de sonder leurs perceptions à l'égard des poursuites criminelles intentées contre les personnes vivant avec le VIH/sida qui n'ont pas divulgué leur état. Les récits qui en découlent soulèvent des questions sur la nature de la communauté gaie. Les données touchent aux descriptions des participants concernant 1) la méta-culture hétérosexuelle; 2) les lieux de la culture gaie; 3) les éléments non solidaires au sein de la communauté gaie. L'analyse des données d'entrevue situe celle-ci comme un espace à la fois d'inclusion et d'exclusion et comme un milieu hétérogène.

Mots-clés : culture gaie, VIH, communauté gaie, méta-culture hétérosexuelle, inclusion, exclusion

Introduction

As part of research on the relationships between public health HIV-prevention outcomes and prosecution of persons living with HIV for nondisclosure of HIV status (see O'Byrne et al., 2013), we undertook semi-structured interviews with 27 gay and bisexual men. Because this approach to data collection allowed our participants to discuss ideas beyond the prescribed limits of the initial study, it yielded unexpected findings. For example, our participants described the gay community in ways that, through thematic analysis, made it appear both excluded and exclusionary. In opposition to "assumptions of solidarity among homosexuals, [which] developed in the seventies political movement and through the AIDS crises of the eighties" (Ridge, Minichiello, & Plummer, 1997, p. 148), our participants did not describe the gay community as a monolith that is open and accepting. Instead, they commented on how the gay community is fragmented and exclusive.

Such descriptions caused us to reflect both on the meaning of "gay community" and on how we employ this phrase in our daily work as HIV-prevention workers, clinicians, and researchers. For example, because many HIV-prevention initiatives for gay men appear to operate on "assumptions of solidarity," our participants' descriptions of the gay community caused us to ask how we should understand the idea of gay community for our HIV-prevention work. To answer this question, in this article we use our participants' descriptions of and narratives about the gay community to (1) reconsider the idea of solidarity among gay men, (2) reflect on the word "community," and (3) consider what the notion of community could mean from different perspectives. To situate this reflection, we provide definitions of community and outline the current research with respect to the gay community. We believe our findings are important for nurses and other HIV-prevention workers and clinicians who work with gay and bisexual men because they help situate the context of HIV prevention for these men.

Background

Defining "Community"

While there are many definitions of "community," that of the World Health Organization [WHO] (1998) succinctly captures the intricacies embedded in the concept. For the WHO, community defines a

specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social struc-

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

ture according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them. (p. 5)

The WHO (1998) definition suggests that communities are either (a) location-specific, in that they describe persons who are clustered due to some boundary, or (b) based on the existence of common characteristics (Holt, 2011; Peacock, Eyre, Quinn, & Kegeles, 2001). Aligning with the WHO definition, nurses typically use the word “community” in one of these two ways to describe persons who are geographically or characteristically similar (Smith & Maurer, 2000). This use of the word, however, excludes other groupings that may have emerged due to shared experiences or beliefs. Indeed, communities can also be defined in a relational manner, meaning that a group is a community due to shared experience or identity or mutual feelings of belonging (Holt, 2011). An important aspect of this second definition is the fact that relational communities possess factors that contribute to or protect the well-being of group members (Smith & Maurer, 2000). This meaning of community thus goes beyond the WHO (1998) definition: “members of a community not only share common elements such as locale but also view each other as equals and feel socially connected” (Ridge et al., 1997, p. 147–148). Community, then, is not an entity but an experience of emotional attachment wherein “the less universal the experience, the stronger . . . the emotional bond” (Woolwine, 2000, p. 31). Based on this expanded description, important aspects of community membership are collegiality and a sense of connectedness (Smith & Maurer, 2000).

There are, however, two important issues concerning the above descriptions of community. First, with their focus on unity and similarity, current understandings efface the divisions that exist in many communities (Fraser, 2008; Ridge et al., 1997); that is, because the word “community” is permeated with the idea of homogeneity, its usage ignores the heterogeneity that is imbedded in many communities. Second, most contemporary ideas of community assume that individuals precede communities, that communities are the result of people with similarities coming together; this idea contrasts with the communitarian perspective, that individuals are the outcome of community life (Dowsett, 2009; Fraser, 2008). While these points may seem pedantic, they are important caveats that one must consider when thinking about community.

The Gay Community

For at least 40 years, authors, researchers, and activists have debated the idea of a gay community (Dowsett, Wain, & Keys, 2005; Ridge et al., 1997; Watney, 1996; Woolwine, 2000). Our review of the literature specifically from the last two decades finds that it consists primarily of abstract descriptions of the gay community, personal narratives of experiences in this community, and theoretical discussions about what is required to join this community. The literature also describes what is posited as a trend towards individualism (Adam, 2005; Davis, 2008; Sheon & Crosby, 2004).

The first commonality in the literature is that it describes the gay community in multiple ways varying from inherently good to intrinsically bad, or both simultaneously (Fraser, 2008; Holt, 2011; Ridge et al., 1997; Robinson, 2009; Rowe & Dowsett, 2008). For example, based mostly on interviews but also on survey data, it identifies all of the following findings: gay communities comprise small networks of similarly oriented men who congregate and form friendships and social networks due to their exclusion from mainstream heterosexual culture (Bérubé, 2003; Dowsett et al., 2005; Dowsett & McInnes, 1996; Flowers, Duncan, & Frankis, 2000; Peacock et al., 2001; Ridge et al., 1997; Woolwine, 2000); they are increasingly fragmented due to a proliferation of diverse expressions of erotic desire among homosexually active men (Dowsett, 2009; Dowsett & McInnes, 1996; Fraser, 2008; Holt, 2011; Peacock et al., 2011; Rowe & Dowsett, 2008; Woolwine, 2000); they have become increasingly exclusionary, rather than inclusive, and are sharply divided based on HIV status (Courtenay-Quirk, Wolitski, Parsons, Gomez, & Seropositive Urban Men's Study Team, 2006; Flowers et al., 2000; Holt, 2011; Peacock et al., 2001; Sheon & Crosby, 2004); they are dissolving due to generational shifts as homosexuality is accepted or assimilated by mainstream culture (Holt, 2011; Rosser, West, & Winmeyer, 2008; Zablotska, Holt, & Prestage, 2012); virtual and personal gay communities have increased, while geographic communities have decreased (Holt, 2011; Robinson, 2009; Rosser et al., 2008; Zablotska et al., 2012); and they are considered mythical or mournfully lost (Dowsett et al., 2005; Fraser, 2008; Holt, 2011).

In contrast to these abstract perceptions of the gay community, the next common theme in the literature relates to participants' narratives about their experiences with the gay community. These findings highlight a gap between the abstract ideations of the gay community and one's actual experiences, some positive and others negative (Dowsett et al., 2005; Fraser, 2008; Holt, 2011; Ridge et al., 1997; Robinson, 2009). We will now summarize these findings. Some research indicates that the gay commercial scene, such as bars, clubs, festivals, and parades, plays a

primary role in the gay community, either as entry point or as offering places to form “social memories” (Flowers et al., 2000; Ridge et al., 1997; Robinson, 2009). Other research reveals that gay community life is more than “the scene” — described as superficial and not a place for meaningful relationships — and involves HIV/AIDS organizations, social groups, and political activism (Ridge et al., 1997; Robinson, 2009; Woolwine, 2000). Still other research finds that the distinctions between the scene, the community, and other aspects of gay life are academic distinctions between inextricable aspects of people’s lives (Dowsett et al., 2005; Holt, 2011; Rowe & Dowsett, 2008). Lastly, the research examining relationships between people’s involvement in gay community life and their uptake of HIV testing and/or engagement in unprotected sex has yielded mixed results (Courtenay-Quirk et al., 2006; Lelutiu-Weinberger et al., 2013; Ridge et al., 1997; Zablotska et al., 2012).

The third main focus in the literature on the gay community comprises discussions about what is required to join this community. This work points out that a homosexual orientation is not sufficient; one has to, to use Dowsett’s (2009) term, “do gay”¹ properly in order to be accepted (Dowsett & McInnes, 1996; Fraser, 2008; Rowe & Dowsett, 2008). For example, doing gay involves conformity with gay norms regarding fitness, fashion, and drug use, such as which drugs and routes are permitted (Dowsett et al., 2005; Fraser, 2008; Ridge et al., 1997). According to Sheon and Crosby (2004), doing gay also means “attaining credentials for membership in the gay community” by building an acceptable “gay résumé” through unimpeded sexual expression and activity (p. 2109). This literature also notes that isolation and marginalization are the consequences of not conforming to established ways of doing gay (Dowsett et al., 2005; Ridge et al., 1997; Robinson, 2009).

Methodology

Recruitment and Ethical Considerations

To be included in the study, a person had to self-identify as gay, bisexual, or a man who has sex with men; reside in the local region (Ottawa, Canada, and environs); speak English or French; and be aware of recent media stories about the criminal prosecution of a local person living with HIV who had allegedly not disclosed his HIV status to his sexual partners. Recruitment involved raising awareness of the project within local AIDS service agencies (e.g., we arranged meetings to describe the project

¹ Dowsett (2009) describes “doing gay” as performative, which is “a regularized and constrained repetition of norms . . . [that] is not a singular act or event, but a ritualized production” (Butler, 1993, p. 95).

to key stakeholders within these agencies); distributing posters in venues frequented by gay men (e.g., STI testing clinics, gay bars, bathhouses); and snowball sampling. As part of snowball sampling, we gave participants a supply of the research assistant's business cards to pass along to others who might be willing to take part. Participants were under no obligation to distribute recruitment material.

The project was approved by the Research Ethics Board at Ottawa Public Health.

Data Collection

We conducted semi-structured interviews with everyone who met the inclusion criteria. Each interview lasted from 60 to 90 minutes and was immediately transcribed and subjected to initial analysis. In an iterative fashion, we continued data collection and preliminary analysis until we reached data saturation — that is, the point when the interviews became repetitive and no new data were emerging. Saturation occurred after 27 interviews. While the goal of the interviews was to explore perceptions about prosecution for nondisclosure and about public health and HIV prevention, the semi-structured nature of this data-collection strategy meant that each point raised by the participant was fully addressed and explored during the interview. These unexpected topics were therefore not considered extraneous or off-topic during the interview. Not surprisingly, participants discussed items that did not relate to the primary research objectives but that became noteworthy during analysis — for example, descriptions concerning the gay community.

Data Analysis

We analyzed the entire data set using a multi-step thematic approach. First, based on the meaning, language, and sentence structure of participants' statements, we generated an initial list of codes. Second, we grouped and ranked similar codes. Third, we grouped the codes into themes; we articulated the content of each theme both independently and in relation to the other themes. Fourth, we ensured that combined codes were coherent and that themes were distinct. Fifth, we produced an overarching narrative that described the interview data. As part of this process, we grouped themes based on their relevance to the intended (and funded) study focus concerning nondisclosure prosecution, public health, and HIV prevention. The results that relate to this topic have been published elsewhere (O'Byrne et al., 2013). After we completed the initial data synthesis, we reviewed the additional findings. Another important area of focus within the data was the gay community. These data are presented here.

Results

Demographics

We interviewed 27 gay and bisexual men (12 self-reportedly HIV-positive, 15 HIV-negative), 23 of whom provided demographic information. Of the 23, 48% ($n = 11$) were in the 19–30 age group; the next-largest age group was 31–40. In terms of income and education, 52% ($n = 12$) had an annual income of \$0–\$20,000 and 17% ($n = 4$) \$61,000–\$80,000, while 43% ($n = 10$) held a bachelor's degree and 17% ($n = 4$) a college diploma. Lastly, 87% ($n = 20$) self-identified as Caucasian, 4% ($n = 1$) as Black, and 4% ($n = 1$) as Aboriginal.

Interview Findings

An array of findings emerged in the interviewing of participants to better understand the population health effects of criminal prosecution of persons with HIV who do not disclose their HIV status. The findings of interest in the context of this study include descriptions of (1) the heterosexual meta-culture, (2) the locales of gay life, and (3) unsupportive elements in the gay community. Please note that the participants' names are replaced by pseudonyms.

Theme 1: The heterosexual meta-culture. The first noteworthy finding emerged from the participants' perceptions that, within dominant social perspectives, homosexuality is construed as a deviation from a natural or pre-eminent heterosexuality, a divergence from the normative state. Two participants described this view, one in relation to the heterosexist norm of language, the other in relation to numbers:

[Assumptions of heterosexuality] are relatively harmless but still force you to be in a difficult situation when you have to respond. . . . The whole use of language and everything like that in society is based on heterosexism. (Ethan, HIV-, 19–30 age group)

. . . we, statistically, are a minority [and] minorities are stereotyped. How do you describe something that is statistically uncommon? You try to either find a trend with it or push a trend upon it. I know straight people who are way more promiscuous than gay people. (Seamus, HIV-, 19–30 age group)

As is evident in these quotes, Ethan and Seamus believed that heterosexuality is considered the overarching normative state in relation to both acceptability and frequency. Another participant, George, also referred to the heterosexualist undertones of the English language and perceptions about prevalence. He raised the issue of “coming out,” which indicates that, socially, persons are assumed to be heterosexual until proven other-

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

wise. Again, heterosexuality is the normative state from which people who are gay deviate (i.e., come out as different). George explained that coming out, by self-identifying as an individual who resides outside the heterosexual meta-culture, is a struggle that requires reflection and privacy:

Here's an example. A few years ago, when I was thinking of coming out, I called [agency] and I said, "Do you have any kind of counselling services for men my age?" They said, "Yes, we have a group session once a week for men between 25 and [I think it was 45]." I said, "Group! I'm struggling with the decision. I don't want to sit in a group." I said, "I'm talking private." They said, "No, we don't," and I said, "Well, how is that helping somebody who's struggling with it, putting me in a group of other people who are struggling with it so my privacy is gone?" (George, HIV-, 41–50 age group)

George's struggle with coming out indicates that accepting one's minority sexuality is fraught with challenges, and therefore was something he wished to do in private. When analyzed in relation to community and social organization, coming out can thus be understood as a process of attaching oneself to a subculture or "contra-culture," which means exclusion from the hegemonic (heterosexual) meta-culture, and as an act of accepting that one is part of a minority that is often the target of derogatory and hateful comments. Two participants explained:

Because we live in the marginality of the system, we have to go through several steps. For younger men [it] is not that complicated, not for most. But for a minority, they feel there's a positive side to it that says, "I'm gay and I'll show it." I never thought like this. I felt . . . I was in a subculture, a contra-culture. (Martin, HIV-, 19–30 age group)

I spent a year in teachers' college and I was really shocked at the homophobic stuff you hear in the classroom. I had students saying, "Oh, this computer is so gay!" And I'm, like, "Why is your computer a homosexual?" They just don't connect gay with homosexual. I think that gay is almost like this nebulous thing. Unless you actually know somebody who is gay, it's just so alien and so foreign and easy to make fun of. I know plenty of people who aren't racist, aren't sexist, aren't critical of people with disabilities, but when it comes to gay people they'll be offensive. I think it's one of the last groups that it's still okay to hate. (August, HIV-, 19–30 age group)

The comments of Martin and August show that the process of coming out is complicated by the fact that one must acknowledge a personal association with a group that is seen negatively from a mainstream social

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

perspective. Coming out, therefore, is not only a process of revealing one's sexual identity, orientation, or practices, but also an act of saying that one is not part of the heterosexual meta-culture. It is to declare that one belongs to what Martin called a subculture or contra-culture. Another participant added an important nuance about the rejection of sexual minorities by stating that the rejection is not outright but forces minority groups into specific regions of purported acceptance:

It also functions like pretty much any . . . minority group. It's not that somebody who's sexist wants all women to go away. It's not like somebody who's racist never wants to see a Black person. It's not like somebody who's homophobic doesn't want to see a gay person anywhere. It's all about where there are acceptable spaces in society for these individuals. So somebody who's sexist might like women to be a housewife or a secretary, just [as] somebody who's homophobic might say, "I don't mind gay people. They can be performance artists or in arts and culture. But having them in politics — that's a completely different story." (Ethan, HIV-, 19–30 age group)

While Ethan described a location-based acceptance of homosexuality, Seamus stated that, although homosexuality may be less stigmatized today than it used to be, it is still not fully accepted:

I remember, 10 years ago, I got a real sense that — not just being gay and knowing that I was gay — we were thought of as freaks, pedophiles, deviants . . . we were just making this horrendous choice that was unnatural. . . . people have to stop thinking that way. . . . It's not a choice . . . who would, at that age, choose to be gay? It's hard. (Seamus, HIV-, 19–30 age group)

George echoed Seamus's belief that homosexuality is marginalized. George said that he would lose friends if he revealed his sexual orientation:

I'm trying to come out, generally, and two of my best male friends would probably drop me, because they're homophobic, because they're prejudiced, because they're narrow-minded. And one of them has been my friend for 8 years, and I know [that] if I told them, the friendship would end. People say, "That's not very much of a friend." . . . I say, "Yeah, he is, but he just can't come around." My mother's struggling [to accept my sexuality]. If I lost a friend, it wouldn't surprise me. (George, HIV-, 41–50 age group)

The prejudice described by George, however, is not expressed exclusively by individuals who self-define as heterosexual. The following statements, when read in combination, reveal a self-propagation or internal-

ization of meta-cultural norms. Cedric used the word “normal” to describe the traditionally heterosexual institution of marriage and children and stated that he disapproved of non-monogamous behaviour. Jacob, meanwhile, suggested that Cedric's beliefs about monogamy did not relate to normality but, rather, were manifestations of meta-cultural norms²:

I'm interested in a normal lifestyle, like, having kids and stuff. I live in [region] and there's lots of gay couples that have kids, and I think that's great. That's the kind of life that I want. I'm definitely getting married. (Cedric, HIV-, 19–30 age group)

I know there [are] people that are like me and my boyfriend, who are monogamous. And I don't really like — I definitely don't approve of [non-monogamous] behaviour. And I don't understand how anyone can maintain a relationship if you don't have anything that's private. . . . Disgusting. (Cedric, HIV-, 19–30 age group)

I'd disagree that there's not strong pressure to get, like, a long-term relationship. There's definitely pressure, even within the gay community, to couple up, partner off, and be monogamous, and basically be heterosexual, I'd say. And, personally, I'm not strongly drawn towards a committed relationship, to put it politely, but I feel a fair bit of pressure that maybe I should be. (Jacob, HIV+, 19–30 age group)

Jacob's comments about the *heterosexualization* of gay life and culture contrast with Cedric's view of marriage and family and monogamy as normal, thus indicating that other behaviour is abnormal. This suggests that heterosexual meta-cultural norms are not imposed exclusively by an oppressive *other*. Gay men partake in the process by internalizing and externalizing meta-cultural modes of believing and thinking. While idealizing monogamy as the sexual norm serves to heterosexualize gay culture, it also signals the heterosexual meta-culture. The heterosexual-

² Internalized meta-cultural norms should not be conflated with internalized homophobia. In our usage, internalization of the meta-culture means the adoption and replication of mainstream social norms. In the comments where this point is raised, some participants discuss marriage and monogamy as “normal,” while others describe this behaviour as heterosexual. By comparison, internalized homophobia relates to the personal adoption of negative perceptions about oneself due to one's homosexuality. Internalized homophobia thus goes beyond preferences, to feelings of self-loathing and revulsion for being anything other than heterosexual. The narratives of our participants suggest that this process is more appropriately described as an internalization of meta-cultural norms rather than as internalized homophobia, because there are no signs of self-hatred or loathing in their descriptions; it is simply an adoption of meta-cultural preferences and idealizations of monogamy.

ization of gay culture is evidence of an overarching normative culture against which other cultures are measured.

Theme 2: The locales of gay life. The participants described the importance of gay bars for a group of men who do not belong to the mainstream, who are part of what Seamus called an “invisible minority.” Simply put, for the participants, gay bars were, on the one hand, the outcome of their invisible minority status, and, on the other hand, locales where safety was ensured:

There's stigma, marginalization, ostracization. That's why gay clubs exist, right? It's not for the dancing and the drinking, because you can do that in any club, in any straight club. It's because you feel safe with your own kind. (George, HIV-, 41–50 age group)

Because he was gay and because some gay men feel they do not belong to the heterosexual meta-culture, George frequented special milieux to be among other homosexuals. Another participant explained that he visited gay bars to meet gay men because, in such milieux, assumptions of heterosexuality become assumptions of homosexuality. Such gay spaces invert normative assumptions about sexuality, making homosexuality the norm and according heterosexuality minority status. This reversal of sexual norms results in a feeling of safety. There, one need not worry about people reacting negatively to one's sexual advances:

I've always heard that gay people are promiscuous, that we meet people in bars and online, and perhaps that's a little true, but how else are we going to find each other? I wish we could just go up to anyone and say, “I think you're really attractive,” or talk to someone if they're interesting. But what if they get offended if you ask if they're gay or, you know, they're straight and they really don't want a gay person hitting on them? That's a social risk for people, and although we can be out, we can't be out enough that we can openly pursue people. So we go where we know gay people are, and that carries the perception of being a slut or promiscuous. (Seamus, HIV-, 19–30 age group)

While George and Seamus felt safe in gay bars, Henry recalled that gay bars were not safe for him when he was younger. Instead, they created an image in his mind about *what* gay men do, *how* they behave and look, and *who* he should be as a gay man. Henry's lack of “connections” with and awareness of other gay men left him feeling alone and vulnerable as he matured as a gay man:

[When] I came out I was 13. I was alone. When you're so young, and when you know so much about yourself but you don't have the resources or necessarily the connections . . . if I [had] an older sister [who] was a

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

lesbian, I don't think I would have ended up in the bars. I think I ended up in the bars, and I think that every young man here in [city] will end up in bars, because that is all you got here. (Henry, HIV-, 19–30 age group)

In addition to noting how a lack of mentorship correlated with his visiting gay bars at 13 years of age, Henry problematized this type of introduction to gay culture and identity:

I remember growing up gay, going to [location], and that was the best thing. But you go in there and you don't see books about young gay men who are trying to make friends. You see porn and big dicks and nice asses and six packs and you see those beautiful boys that they feature on every wall. (Henry, HIV-, 19–30 age group)

Based on his experience, Henry favoured the idea of non-gay-bar safe zones where gay men can interact with one another and learn about gay rights, gay history, and the gay community:

What is lacking are safe zones. A lot of gay youth don't have a place to go. Whether it be [a] coffee shop with the rainbow, you know that this is a safe zone, that you can go there and be safe, be it that the owner is gay or that people who work there are gay-friendly. I think that's what we need: different zones. (Henry, HIV-, 19–30 age group)

As a young gay man, [I] had no one to say, "Hey, don't do that — watch Priscilla, Queen of the Desert," or, "Don't do that. You should read up on Stonewall. You should really go research Harvey Milk. You want to know where your rights come from? Then go research it." I wish I [could] have had more. (Henry, HIV-, 19–30 age group)

Henry's comments, along with those of George and Seamus, indicate that gay bars play a particular role in gay culture. They are safe spaces for approaching men in sexual and erotic ways while also preserving the sexualization of gay identity. They provide a safe environment for seeking sexual partners who are not members of the heterosexual meta-culture, but they do so while propagating assumptions about gay men and sexuality/promiscuity. Thus, the participants described gay bars as places to safely cruise other men.

Theme 3: Unsupportive elements in the gay community. The final theme emerged from the participants' many descriptions of how gay men mistreat each other, which included judgemental comments and behaviours and racism towards one another:

There are things going on: gay men being victimized by other gay men. (George, HIV-, 41–50 age group)

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

I think that a lot of gay guys who are White are often racist against gay guys who are Black and often think that they're the source of HIV, and that's harmful, because you're literally playing the same game that straight people play. (Ethan, HIV-, 19–30 age group)

There have been a few occasions at [gay bars] when I've heard people make comments about my ethnicity. I was out with my friends and there was this guy who said, "What's happening at this bar? Now we let Black men in?" When I heard this, I turned around, and I sort of knew the guy, and I said, "Hi," and he said, "Don't worry, everyone, I know this guy." It's sad that such jokes are acceptable. It's ignorance, but what can you do about it? Nothing. The other racist thing that I've found in gay milieux is comments like "I love Black men. You guys have such big penises." It's exoticism. It's not a person they see. I've also heard this discussion among my Asian friends. (Nelson, HIV-, 31–40 age group) (authors' translation)

It tends to be very cordial . . . but there's a lot of backstabbing after. [Gay men] are very pleasant to each other face-to-face, but they seem to talk a lot, put them down, behind their back. (Steve, HIV-, 19–30 age group)

These comments by George, August, Nelson, and Steve show that the gay community is not a cohesive collection of individuals who trust and support one another, and it is not a united front for equal rights and social acceptance. Instead, our participants described the gay community as a relatively small network of men who simply have similar sexual preferences:

[The gay community] is like a web of sex. And everyone's had sex with each other. And that leads to a lot of conflicts. There's obviously little feuds because of all the sex that's been going on. (Cedric, HIV-, 19–30 age group)

Reinforcing the idea that gay men constitute a "web of sex" rather than a supportive or collegial community were statements about how the gay community is a collection of men who are sexually attracted to one another:

The one thing that most of us have in common is just that we're gay. . . . So you have a lot of people in one area, or in one community, where the only thing that, frankly, they have in common is that they like dick. (Seamus, HIV-, 19–30 age group)

As a whole, the only thing we have in common is our sexual preference. . . . you fill a room full of straight people, a lot of them are going to find people who they don't like because they don't have anything else in common with them. . . . it's really hard sometimes to blend together,

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

because it's like strangers — you don't have anything in common with them. (Seamus, HIV-, 19–30 age group)

In talking with people, I either get the answer, “Well, we are [promiscuous]” or, “No, that's not a good depiction.” That's the problem with calling it a gay community; there's so much variability that it's not really one cohesive unit. . . . it's more like a collection of communities, but I think any social network is. . . . there are many aspects that share almost nothing in common other than the fact we're attracted to the same sex. So “community” may not necessarily be the best term, but . . . it's pretty much the only term you've got, so you go with that. (Jacob, HIV+, 19–30 age group)

Besides Seamus and Jacob, other participants noted not only that the gay community is little more than a collection of men who are sexually attracted to men but also that these men are not always supportive of one another:

I think there's this perception in the non-gay community that all gay men support all gay men and we're all friends and we all go to knitting bees or quilting bees together. That's not the way it is. (George, HIV-, 41–50 age group)

You're going to have a lot of people who don't get along and don't treat each other well, and people who try to form friendships just on their sexual attraction. And there's a pecking order that forms, and it's very like an 18th-century court system in Europe: you have your queens at the top and all the little worker bees and courtiers below them. And a lot of people aren't nice to each other, I find. (Seamus, HIV-, 19–30 age group)

We're a community that came together to advance our cause, but, regarding the spirit of the community, it's not very strong. For those who work hard for the community, it goes well, but most just want to go to bars. Having been a witness to a lot of things, I'm certain that there are problems. (Maxwell, HIV+, 31–40 age group) (authors' translation)

In the above excerpts, George, Seamus, and Maxwell refute the idea that gay men support gay men by providing examples of the converse. Below, Ethan and Olivier report that a community that is based on sexual attraction exposes young and newly out gay men to sexualized understandings of gay men and thus leaves them vulnerable. In other words, as noted earlier by Henry, young and newly out gay men are forced to develop without any form of mentorship:

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

I think there's also a difference between identifying as bisexual and identifying as gay, because if you identify as bisexual you're still attracted to women; you still feel . . . you're following the path that's laid before you by generations of people. When you're gay you don't know other people that you struggle with. I think that being gay and being out and having gay friends is very hard. (Ethan, HIV-, 19–30 age group)

These young guys who had sex with [media case], I wouldn't be surprised if they had low self-esteem. They just discovered they're gay and they want to experiment, so they go home with the first person who pays attention to them. [Media case] didn't infect 40-year-olds. It was young guys who are still in the closet and whose parents don't know they're gay. They have gay porn under the mattress, but it finishes there. They don't talk about it. Why? Because they don't have any education. There's no way [HIV-prevention organizations] can provide education in the schools. The schools want nothing to do with it, even though the best way to reach these young gay men is to go into the schools. But we don't talk about it. (Olivier, HIV+, 31–40 age group) (authors' translation)

These comments, when combined with those presented earlier, demonstrate how a lack of community support and sexual health education leaves gay men vulnerable when they enter the locales of gay life (e.g., bars). According, we take our participants' statements to suggest that the gay community is a fictional construct.

Discussion: Understanding Community

Our participants reported, first, that exclusion from the heterosexual meta-culture is still occurring; second, that gay men gather in specific places, which are the locales of gay life; and third, that the gay community is itself internally exclusionary. These results highlight our participants' perception that, within the heterosexual meta-culture, they continued to be marginalized based on sexual orientation and that, within the so-called gay community, they were similarly excluded by other gay men based on their actions, attributes, and physical characteristics (e.g., ethnicity).

With few exceptions, such findings are consistent with the literature on gay communities. Specifically, our results align with the research that details abstract descriptions of people's experiences with gay communities. These similarities relate to beliefs that the gay community is divided, non-existent, or dissolved, or that "gay community" is an umbrella phrase to describe persons whose only common feature is a specific sexual orientation (Dowsett, 2009; Dowsett et al., 2005; Fraser, 2008; Holt, 2011; Rowe & Dowsett, 2008; Woolwine, 2000). Regarding social exclusion

from the heterosexual meta-culture, our results likewise reflect previous findings with regard to ongoing exclusion (Flowers et al., 2000; Peacock et al., 2001).

Our results differ slightly from previous findings, however, on the idea of “doing gay” (Dowsett, 2009). While Dowsett (2009) describes doing gay as a performance, as coined by Judith Butler (1993) in her writings about gender performativity, in our study doing gay was not limited to behaviour. Among our participants, physical characteristics, such as skin colour, were also important elements in doing gay properly. Acceptance by the gay community thus relied not only on the demonstration of particular behaviours, but also on the possession of specific (desirable) physical characteristics. While this finding may relate to the fact that our sample was mostly Caucasian (87%), the importance of physical attributes nevertheless means that, in certain instances, only specific people can ever do gay properly, as a result of a combination of their behaviour, appearance, physique, and physical characteristics. For some, therefore, doing gay properly is unattainable.

Taken as a whole, our data suggest that, in addition to the social marginalization of gay men by members of the heterosexual meta-culture, there is exclusion within the gay community that is imposed by gay men. Consequently, gay men are (a) still identified as different from the hegemonic sexual majority, (b) forced into minority groupings in which the “only thing . . . in common is [to] like dick” (Seamus, HIV-), and (c) subject to further judgement and exclusion within the minority groups to which they belong. These findings are disconcerting, because such marginalization serves to neither reduce discrimination against gay men nor affirm positive gay identities (Istar, 2010; Tuerk, 2011).

Such cultural marginalization, moreover, can correlate with various health issues (Allen, 2008; Betrie & Lease, 2007; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Shelby, 1999; Wright & Perry, 2006). According to McKay (2011), gay men share “health disparities related to the stigma and discrimination they experience, including disproportionate rates of psychiatric disorders, substances abuse, and suicide” (p. 393). Other research, meanwhile, has found that these health issues, which can relate to social marginalization, correlate with higher rates of the practices that serve to transmit HIV — for example, unprotected anal sex with anonymous or casual partners of unknown or serodiscordant HIV status (Hatzenbuehler et al., 2008). Accordingly, our results, which situate gay men as members of a minority group who are forced to come out, highlight the problems that can result when individuals are socially constructed as distinct or different due simply to a non-hegemonic sexuality or sexual orientation. Indeed, psychosocial difficulties can arise, in turn exacerbating HIV transmission.

Compounding this burden of ill health among gay men is our finding that, although the gay community may have originally emerged as a congregation of people who had been excluded from and ostracized by the heterosexual meta-culture, it now appears to be internally reproducing those same exclusionary meta-cultural mechanisms. Just as the gay community was formed in response to neglect by governments and public health officials when gay men were faced with the devastating effects of AIDS (Flowers et al., 2000), sub-communities are now forming within the gay community as exclusionary elements rise within that community. This is the sub-marginalization of gay men who do not “do gay” according to accepted social standards. Dowsett and colleagues (2005) see this process in the fact that Melbourne’s gay community does not offer HIV-prevention services to gay men who use intravenous or injection drugs: “Because the prevailing view of drug use within the gay community discounts the possibility of drug injection, those who engage in such practice are often left at a distance from potential community interventions to prevent HCV transmission” (p. 33). Such internal exclusion could leave some of the most marginalized gay men — for instance, those who engage in intravenous or injection drug use, exclusive bareback sex, or bug chasing/gift giving — without access to appropriate services for HIV and hepatitis C prevention. Yet these men are increasingly vulnerable to HIV and hepatitis C based on both their sexual practices and their use of injection and intravenous drugs.

Accordingly, as the gay community moves towards increasing social acceptance in many regions, with gay marriage being legal since 2005 in Canada (the jurisdiction where our research was conducted), there is a cautionary tale to tell. Despite — or perhaps because of — these social advances, only those gay men who do gay according to mainstream ideations of gay behaviour and physical characteristics appear to be *bona fide* gay community members (Dowsett, 2009). Others may experience increasing levels of stigmatization and exclusion and become marginalized within their already liminal grouping.

Another of our noteworthy findings is the relationship between marginalization, the spaces of gay life, and behaviours that consistently have been identified among gay men, such as elevated rates of smoking, drinking, and HIV transmission (Allen, 2008). Although our data-collection approach was such that we cannot establish any definitive or causal links between social norms, space, and behaviour, it is interesting to note that the visible, and thus most readily available, spaces of gay life are those that are related to substance use and casual sex: bars, clubs, bathhouses, the Internet, and smartphone cruising applications. While the emergence of such spaces likely relates to historical exclusion and safety (Bérubé, 2003), our findings suggest that the contemporary outcome of smoking, sub-

stance use, and casual or anonymous sex relates not only to a state of internalized homophobia (Simon Rosser, Bockting, Ross, Miner, & Coleman, 2008) but also to the spaces where marginalization (and illegality) has historically resulted in gay men congregating (Bérubé, 2003). The longstanding exclusion of homosexuality has created a subculture in which, as noted by our participants, the only commonality is a same-sex sexual preference. These data are important for nurses, other health professionals, and researchers who work in the field of HIV prevention. Although more research on this topic is needed, we hypothesize that targeting HIV-prevention efforts at individual gay men, rather than at the social structures that result in social segregation and isolation, is a misguided approach. Addressing social inequities and longstanding stigmatization might be an important public health HIV-prevention initiative. This question and hypothesis constitute an area in need of research.

Notwithstanding sociopolitical changes within both the meta-culture and the gay community, many health and social services for gay men continue to operate on definitions of the gay community that apply to only a small number of gay men, who may be less engaged with this community now that they have gained the acceptance they fought for decades ago. According to Graydon (2013), the gay community began to lose its sociopolitical importance for White middle-class gay men after these men — as opposed to those who were much more marginalized, such as transgendered, young, or visible-minority gay men — won the rights and freedoms they desired. Graydon (2013) argues, however, that this does not mean that equality was achieved; only mainstream — or coupled, employed, and socially presentable — gay men acquired the luxuries afforded to people who are accepted by the heterosexual meta-culture. The rest acquired the status of being excluded among the already marginalized.

For HIV-prevention workers, researchers, and clinicians, therefore, failing to grasp the meaning of gay community and continuing to base HIV-prevention work on antiquated definitions of this community can reproduce historically discriminatory approaches to HIV prevention and care, wherein only mainstream populations have access to services. Prevention must be based on new, contextualized definitions that apply to the contemporary world. Failure to acknowledge modifications within the gay community could result in HIV-prevention workers propagating sub-marginalization instead of addressing the increased number of health issues presented by gay men who do not do gay according to the prevailing norms in a city or region.

Final Remarks

Returning to our original focus, which was to examine how our participants described the gay community, the results suggest that, while our participants may have used the phrase “gay community” in a variety of ways, all of their descriptions included same-sex sexual attraction. More specifically, our participants described the gay community in ways that ranged from a synonym for gay men to an understanding of how gay men are expected to behave in the local context. Nurses and other clinicians working in HIV prevention who undertake community interventions should, therefore, reflect on what they mean when they use the phrase. Who is this community? What are the commonalities that hold it together? Are so-called community members collegial, or simply bound by time and space? As noted both here and in the research literature, the meaning of gay community is neither universally understood nor well accepted. Moreover, it is highly variable and subject to modification over time and as the sociopolitical context changes.

Nurses and other workers engaged in HIV prevention should be aware that while communities provide a sense of inclusion and solidarity based on shared characteristics, they simultaneously exclude people who do not possess these characteristics. It cannot be simplistically argued that community inherently denotes unity and solidarity. The idea of community is a double-edged sword. While the gay community may be a place of inclusion for gay men who do gay according to mainstream gay definitions, there is a subset of gay men who are marginalized in society in general and further marginalized within the gay community. As the gay community emerged in response to the social and political exclusion of gay men in most industrialized nations, so too many subcultures (e.g., barebackers, bug chasers, and other minority groups) begin to assemble in opposition to the gay meta-culture. Accordingly, our results indicate that the gay community should be seen as dynamic, not monolithic, and as heterogeneous, not homogeneous. HIV-prevention strategies, similarly, should be built on the premise that the gay community has multiple factions and that multiple, and diverse, interventions may be needed for the various subgroups. Indeed, the diverse and multifaceted nature of Ottawa's gay community illustrates the need for researchers, clinicians, and HIV-prevention workers to understand the variable dynamics and nature of regional gay communities and to tailor their work accordingly.

References

- Adam, B. (2005). Constructing the neoliberal sexual actor: Responsibility and care of the self in the discourse of barebackers. *Culture, Health and Sexuality*, 7(4), 333–346.

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

- Allen, O. (2008). *Lesbian, gay, and bisexual patients: The issues for general practice*. Dublin: Quality in Practice Committee, Irish College of General Practitioners. Retrieved February 4, 2014, from <http://www.glen.ie/attachments/f571351c-5033-47ef-9c9c-23da16d4d581.PDF>.
- Bérubé, A. (2003). The history of gay bathhouses. *Journal of Homosexuality*, 44(3/4), 33–53.
- Betrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality*, 53(4), 173–199.
- Butler, J. (1993) *Bodies that matter: On the discursive limits of "sex."* New York: Routledge.
- Courtenay-Quirk, C., Wolitski, R. J., Parsons, J. T., Gomez, C. A., & Seropositive Urban Men's Study Team. (2006). Is HIV/AIDS stigma dividing the gay community? Perceptions of HIV-positive men who have sex with men. *AIDS Education and Prevention*, 18(1), 56–67.
- Davis, M. (2008). The "loss of community" and other problems for sexual citizenship in recent HIV prevention. *Sociology of Health and Illness*, 30(2), 182–196.
- Dowsett, G. W. (2009). Dangerous desires and post-queer HIV prevention: Rethinking community, incitement and intervention. *Social Theory and Health*, 7(3), 218–240.
- Dowsett, G. W., & McInnes, D. (1996). Gay community, AIDS agencies, and the HIV epidemic in Adelaide: Theorising "post AIDS." *Social Alternatives*, 15(4), 29–32.
- Dowsett, G. W., Wain, D., & Keys, D. (2005). Good gay men don't get "messy": Injecting drug use and gay community. *Sexuality Research and Social Policy*, 2(1), 22–36.
- Flowers, P., Duncan, B., & Frankis, J. (2000). Community, responsibility, and culpability: HIV risk-management amongst Scottish gay men. *Journal of Community and Applied Social Psychology*, 10(4), 285–300.
- Fraser, S. (2008). Getting out in the "real world": Young men, queer and theories of gay community. *Journal of Homosexuality*, 55(2), 245–264.
- Graydon, M. (2013). Whither Ottawa's gay community? *DailyXtra: Everthing Gay, Every Day*, September 16. Retrieved May 20, 2014, from <http://dailyxtra.com/ottawa/ideas/columns/guest-column/whither-ottawa%E2%80%99s-gay-community>.
- Hatztenbuehler, M. L., Nolen-Hoeksema, S., & Erickson, S. J. (2008). Minority stress predictors of HIV risk behaviour, substance use, and depressive symptoms: Results from a prospective study of bereaved gay men. *Health Psychology*, 27(4), 455–462.
- Holt, M. (2011). Gay men and ambivalence about "gay community": From gay community attachment to personal communities. *Culture, Health and Sexuality*, 13(8), 857–871.
- Istar, L. A. (2010). How queer! The development of gender identity and sexual orientation in LGBTQ-headed families. *Family Process*, 49(3), 268–290.
- Lelutiu-Weinberger, C., Pachankis, J. E., Golub, S. A., Walker, J. J., Bamente, A. J., & Parsons, J. T. (2013). Age cohort differences in the effects of gay-related

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

- stigma, anxiety and identification with the gay community on sexual risk and substance use. *AIDS Behaviour*, 17(1), 340–349.
- McKay, B. (2011). Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. *Medical Reference Services Quarterly*, 30(4), 393–401.
- O'Byrne, P., Willmore, J., Bryan, A., Friedman, D. S., Hendriks, A., Horvath, C., . . . Etches, V. (2013). Nondisclosure prosecutions and population health outcomes: Examining HIV testing, HIV diagnoses, and the attitudes of men who have sex with men following nondisclosure prosecution media releases in Ottawa, Canada. *BMC Public Health*, 13, 94.
- Peacock, B., Eyre, S. L., Quinn, S. C., & Kegeles, S. (2001). Delineating differences: Sub-communities in the San Francisco gay community. *Culture, Health and Sexuality*, 3(2), 183–201.
- Ridge, D., Minichiello, V., & Plummer, D. (1997). Queer connections: Community, “the scene,” and an epidemic. *Journal of Contemporary Ethnography*, 26(2), 146–181.
- Robinson, P. (2009). Gay men's experience of community in Australia. *Journal of Australian Studies*, 33(1), 67–78.
- Rosser, B. R., West, W., & Winmeyer, R. (2008). Are gay communities dying or just in transition? Results from an international consultation examining possible structural change in gay communities. *AIDS Care*, 20(5), 588–595.
- Rowe, M. S., & Dowsett, G. W. (2008). Sex, love, friendship, belonging and place: Is there a role for “gay community” in HIV prevention today? *Culture, Health and Sexuality*, 10(4), 329–344.
- Shelby, P. (1999). Isolated and invisible gay, lesbian and bisexual youth. *Canadian Nurse*, 95(4), 27–30.
- Sheon, N., & Crosby, G. M. (2004). Ambivalent tales of HIV disclosure in San Francisco. *Social Science and Medicine*, 58(11), 2105–2118.
- Simon Rosser, B. R., Bockting, W. O., Ross, M. W., Miner, M. H., & Coleman, E. (2008). The relationship between homosexuality, internalized homo-negativity, and mental health in men who have sex with men. *Journal of Homosexuality*, 55(2), 185–203.
- Smith, C. M., & Maurer, F. A. (2000). Community assessment. In C. M. Smith & F. A. Maurer (Eds.), *Community health nursing: Theory and practice* (2nd ed.). Philadelphia: W. B. Saunders.
- Tuerk, C. (2011). Considerations for affirming gender nonconforming boys and their families: New approaches, new challenges. *Child and Adolescent Psychiatry Clinics of North America*, 20(4), 767–777.
- Watney, S. (2006). *Policing desire: Pornography, Aids, and the media* (3rd ed.). Minneapolis: University of Minnesota Press.
- Woolwine, D. (2000). Community in gay male experience and moral discourse. *Journal of Homosexuality*, 38(4), 5–37.
- World Health Organization. (1998). *Health promotion glossary*. Geneva: Author.
- Wright, E. R., & Perry, B. L. (2006). Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality*, 51(1), 81–110.

Gay Men's Understandings and Experiences of Community

Patrick O'Byrne et al.

Zablotska, I. B., Holt, M., & Prestage, G. (2012). Changes in gay men's participation in gay community life: Implications for HIV surveillance and research. *AIDS Behaviour*, 16(3), 669–675.

Patrick O'Byrne, RN, PhD, is Associate Professor, School of Nursing, University of Ottawa, Ontario, Canada. Alyssa Bryan, RN, MScN, is Researcher, School of Nursing, University of Ottawa. Andrew Hendriks, RN, BScN, is Program Manager, Healthy Sexuality and Risk Reduction Program, Ottawa Public Health. Cynthia Horvath, RN, MScN, is Public Health Nurse, Healthy Sexuality and Risk Reduction Program, Ottawa Public Health. Christiane Bouchard, MSW, is Project Officer, Healthy Sexuality and Risk Reduction Program, Ottawa Public Health. Vera Etches, MD, is Associate Medical Officer of Health, Ottawa Public Health.